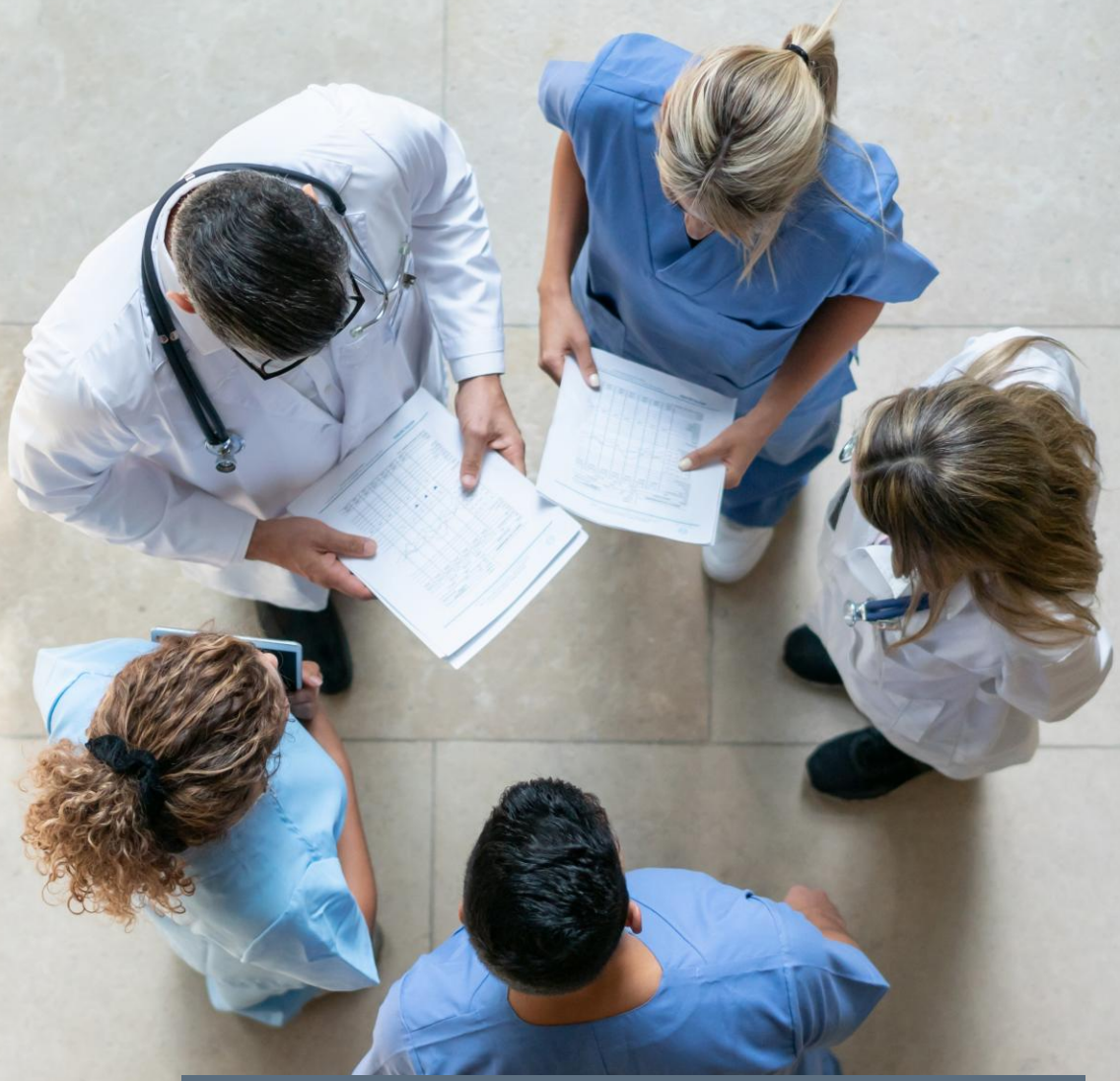
NHS Lothian

Delayed Discharges

Internal Audit Report - Final

September 2026



Level of assurance:	
Design	Moderate
Effectiveness	Moderate

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Executive Summary

Level of assurance: (see appendix II for definitions)		
Design	Moderate	System of internal controls is weakened with system objectives at risk of not being achieved.
Effectiveness	Moderate	Non-compliance with key procedures and controls places the system objectives at risk.

Summary of findings	
H	0
M	4
L	3
Total number of findings:	7

Purpose

The Delayed Discharges Internal Audit aimed to provide assurance to management and the Audit and Risk Committee that the controls in place to manage the discharge process are well designed and operating effectively. This review considered processes around:

- Policies and Procedures
- Governance, Roles and Accountability
- Discharge Planning Process
- Identification and Coding of Discharges
- Management of Barriers to Discharge
- Multi-agency Working and Interfaces
- Person-centred Discharge
- Performance Management and Improvement

Background

It was agreed as part of the 2026-27 Internal Audit Plan that Internal Audit would conduct a review of Delayed Discharges at NHS Lothian.

NHS Lothian operates a whole-system approach to discharge planning, underpinned by the Discharge and Transfer Policy and supporting procedures, which emphasise early planning, seven-day working and the adoption of Home First and Discharge without Delay principles. Discharge planning is intended to begin at, or as early as possible following, admission, with responsibility shared across acute hospital teams, discharge hubs and Health and Social Care Partnerships (HSCPs).

Discharge processes are delivered across acute hospitals, community hospitals and intermediate care settings, with operational variation across the four Lothian partnerships. Each partnership operates local discharge hubs and oversight arrangements, supported by regular ward-level reviews, multidisciplinary team discussions and daily discharge huddles or conference calls to identify patients who are clinically ready for discharge and to address emerging barriers.

Patients whose Planned Date of Discharge has been exceeded and who are clinically ready to leave hospital are recorded as delayed discharges. Delays are categorised and coded to reflect the primary reason for delay, including both health-related and community or social-care-related factors. Performance information on delayed discharges, bed occupancy and patient flow is captured and reported regularly at partnership, operational and executive levels, with escalation routes in place for unresolved issues.

Multi-agency working is a key feature of current arrangements. NHS Lothian works closely with HSCPs, social work services, community health teams and external care providers to coordinate assessments, care packages and onward placements. Oversight is provided through partnership-led operational groups and pan-Lothian meetings, with executive-level governance focused on system capacity, flow and delayed discharge performance.

A previous internal audit of delayed discharges in 2022 provided moderate assurance and identified weaknesses relating to the currency of policies, consistency of discharge processes, clarity around criteria for end of medical stay, and the use of performance information. Since that review, updated policy and procedural documentation has been introduced, and discharge arrangements continue to evolve in response to ongoing system pressures, including sustained high bed occupancy and reliance on community capacity.

Conclusion

NHS Lothian has established a robust discharge planning framework supported by strong governance, partnership working and multidisciplinary collaboration across acute, community and social care services. Discharge planning is embedded throughout the patient journey and supported by effective discharge hubs, escalation processes and performance monitoring arrangements.

The audit identified a number of areas of good practice, including the use of Planned Dates of Discharge, active management of delayed discharges, strong multi-agency working, person-centred discharge planning and a comprehensive suite of performance reporting and improvement initiatives.

KPI data (from May 2026) shows improvement in early PDD setting, with PDDs set within 48 hours increasing from near nil in January 2025 to around 55-60% by May 2026. The percentage of PDDs exceeded also reduced from approximately 40-45% to around 18-22%. However, other measures remain more mixed, with discharge on first PDD broadly stable at 40-50% and the time from first decision to first PDD remaining around five days. This suggests progress in embedding PDD processes, but continued variation in delivery and use of PDDs to support timely discharge.

Notwithstanding these strengths, opportunities exist to improve the consistency of policies and procedures, strengthen governance documentation, enhance data quality and delayed discharge reporting, and further standardise discharge arrangements across sites. We identified four findings of medium significance and three of low significance.

Overall, the review concluded that NHS Lothian's discharge arrangements are operating effectively and are well aligned to national policy objectives. The main challenges impacting delayed discharges relate to wider health and social care capacity constraints rather than fundamental weaknesses in the discharge process itself. We are able to provide a moderate level of assurance over the design and operational effectiveness of controls in place surrounding delayed discharges at NHS Lothian.

Executive Summary

SUMMARY OF GOOD PRACTICE

We noted a number of areas of good practice being demonstrated at the organisation in relation to Delayed Discharges. These include:

- NHS Lothian has developed a comprehensive discharge framework aligned to the principles of *Home First* and *Discharge Without Delay*, providing a structured approach to discharge planning across acute, community and social care settings.
- Policy development and review arrangements demonstrate strong partnership working, with input from NHS Lothian, all four Health and Social Care Partnerships (HSCPs) and a broad range of stakeholders.
- A robust Unscheduled Care governance structure provides operational, executive and strategic oversight of discharge performance and improvement activity.
- Roles and responsibilities for discharge planning are clearly defined across acute services, discharge hubs, HSCPs and community services, supporting accountability and coordinated working.
- Planned Dates of Discharge (PDDs) are embedded as a core control mechanism, promoting early discharge planning, proactive management and timely escalation of delays.
- Discharge planning begins at or before admission and incorporates early assessment of discharge needs, likely barriers, support requirements and anticipated discharge destinations.
- Dedicated discharge hubs provide effective coordination of complex discharges, facilitate communication between organisations and support the active management of patients at risk of delay.
- Daily discharge huddles, ward reviews, MDT meetings and flow discussions provide a structured approach to monitoring progress, identifying barriers and coordinating discharge actions.
- Criteria-led discharge arrangements are promoted across services to support timely discharge, improve patient flow and reduce unnecessary delays awaiting senior clinical review.
- NHS Lothian has implemented mature delayed discharge identification and coding arrangements, supported by formal validation processes, clear coding guidance and active oversight of coding quality.
- Delayed discharge barriers are routinely identified, recorded, escalated and monitored through established governance forums, discharge hubs and partnership arrangements.
- A number of targeted improvement initiatives have been introduced, including Home First developments, enhanced social work involvement, package of care improvement work and initiatives to reduce Adults with Incapacity-related delays.
- Person-centred care is embedded within discharge planning, with patients, carers and families actively involved in discussions, discharge decisions and care planning arrangements. With formal mechanisms are in place to capture patient feedback, complaints and patient experience information to support continuous service improvement.
- Performance management arrangements include live Tableau dashboards, established KPIs, Day of Care Audits, detailed local reporting and routine review of discharge performance data to support operational and strategic decision-making.

SUMMARY FINDINGS

Notwithstanding the areas of good practice noted, we have also identified areas where further improvements can be made, the most significant of which are summarised below:

- **Policy and Procedures** - A number of discharge policies, procedures and supporting documents are either incomplete, under development or overdue for review, reducing assurance that staff have access to consistent and up-to-date guidance across all sites.
- **Discharge Planning Process** - Opportunities exist to improve consistency across discharge hubs, discharge huddles and discharge planning processes, including greater standardisation of operational practices and monitoring arrangements.
- **Identification and Coding of Delayed Discharges** – Data quality issues were identified within delayed discharge records, including inconsistencies relating to Planned Dates of Discharge, medically fit for discharge indicators and completion of delay coding fields
- **Management of barriers to discharge - D**elay code 42E (Other Healthcare Delays) is being used to record a broad range of underlying issues, including rehabilitation pathways, therapy assessments, clinical progression matters and other healthcare-related delays. This limits the level of detail available within management information and may reduce the ability to identify trends, assign ownership and target improvement activity towards specific causes of delay.

Detailed Findings

Detailed Findings

Risk: Failure to maintain clear, up-to-date and accessible discharge policies and procedures may result in inconsistent application of discharge processes across sites and partnerships, leading to avoidable delays, non-compliance with Scottish Government guidance and inefficient use of hospital capacity.

Finding 1 - Policy and Procedures	Type
NHS Lothian has established a comprehensive discharge governance framework, supported by the Discharge and Transfer Policy, associated guidance, Standard Operating Procedures (SOPs), and formal policy approval arrangements. The policy was developed through a multi-disciplinary approach involving NHS Lothian and Health and Social Care Partnership stakeholders and is supported by a range of operational documents designed to guide discharge activity. However, testing identified weaknesses in both the completeness and maintenance of discharge-related documentation: The Discharge and Transfer Policy refers to a Discharge and Transfer Standard Operating Procedure within the monitoring and review section; however, the hyperlink has not been added and audit was unable to confirm that the document has been finalised and published. The Western General Hospital (WGH) Discharge Hub does not currently have a formal SOP in place. While a service description has been developed, management confirmed that a full SOP remains a work in progress and the current documentation lacks the operational detail available at St John's Hospital and the Royal Infirmary of Edinburgh (RIE). The Midlothian Community Hospital SOP was still being finalised and had not been fully implemented at the time of audit fieldwork. Also, a number of key discharge documents had exceeded their formal review dates: • The Discharge and Transfer Policy was last updated in February 2022 and had a review date of March 2025. • The Discharge Procedure was last reviewed in March 2014. • The Royal Infirmary of Edinburgh (RIE) Discharge Hub SOP is dated 10 June 2020 and requires formal review and update. The Discharge and Transfer Policy references a number of role-specific Action Cards for ward staff, discharge hub staff and HSCP staff; however, these remain under development and were not available at the time of audit review.	Effectiveness 
Implication	**Significance**
Incomplete, outdated or inaccessible discharge documentation may result in variation in discharge practices across sites and partnerships, reducing assurance that staff are working in accordance with current guidance and increasing the risk of avoidable discharge delays	Medium

Detailed Findings

Risk: Failure to maintain clear, up-to-date and accessible discharge policies and procedures may result in inconsistent application of discharge processes across sites and partnerships, leading to avoidable delays, non-compliance with Scottish Government guidance and inefficient use of hospital capacity.

Finding 1 - Policy and Procedures - Continued			Type
Recommendations	Action owner	Management response	Completion date
Review and update the Discharge and Transfer Policy, Discharge Procedure and RIE Discharge Hub SOP to ensure they remain aligned with current national guidance, local discharge arrangements and operational practice	USC Programme Board	Accept recommendation - Will be part of a programme of work to review the Discharge Hub functions across the 3x sites.	April 2027
Complete, approve and publish all outstanding discharge documentation, including the Action Cards, Midlothian Community Hospital SOP and any outstanding Discharge and Transfer SOPs referenced within the policy. Ensure all documents are accessible to staff	HSCP Leads/Acute Site Leads	Accept recommendation - Will be part of a programme of work to review the Discharge Hub functions across the 3x sites.	April 2027
Review the discharge documentation suite to ensure all policy references, hyperlinks and supporting documents are current, accurate and readily accessible to staff	Project Manager, USC Team	Accept recommendation - Will be area of focus for project support manager, supported by the USC governance structure.	December 2026
Implement a standardised framework for managing discharge policies and procedures, including clear document ownership, scheduled review dates, version control and central monitoring to ensure documentation is reviewed and updated on a timely basis	Acute Site Leads	Partially Accept - Given these policies cross multiple directorates and organisations consideration is required as to how to do this effectively. Review and re-share current huddle guidance across sites and partnerships through the USC Governance groups.	October 2026

Detailed Findings

Risk: Inadequate or inconsistent discharge planning may result in patients remaining in hospital longer than clinically necessary, increasing risk of deconditioning, patient dissatisfaction and pressure on bed capacity.

Finding 2 - Discharge Planning Process	Type
NHS Lothian has implemented a mature discharge planning framework supported by Home First principles, Planned Dates of Discharge (PDD), Multidisciplinary Team (MDT) reviews, Discharge Hubs and daily Discharge Huddles. Testing and walkthroughs demonstrated that discharge planning is embedded throughout the patient journey, with strong evidence of PDD usage, MDT engagement, delay coding and escalation processes operating across acute and community sites. However, a number of opportunities were identified to improve operational consistency and strengthen assurance over the effectiveness of discharge processes: • There is no single standard Discharge Huddle model across NHS Lothian, with acute sites operating different arrangements for discharge planning, escalation and patient flow management. • Only the Western General Hospital was able to demonstrate the use of a formal rolling action tracker to record, monitor and follow up actions arising from discharge huddles. It was unclear whether equivalent controls were operating consistently at other sites. • Three different Discharge Hub models operate across RIE, SJH and WGH, with variation in governance structures, escalation processes, tracking systems, operational hours and MDT arrangements. • Whilst criteria-led discharge is strongly promoted within policy, there is limited evidence of routine monitoring of utilisation rates, specialty uptake, weekend discharge performance or delays attributable to awaiting senior clinical review.	Design
Implication	**Significance**
Variation in discharge processes, governance arrangements and data recording practices may reduce assurance that discharge planning controls are being applied consistently across sites, limiting NHS Lothian's ability to identify opportunities for improvement and maximise the effectiveness of discharge planning arrangements	Medium

Recommendations	Action owner	Management response	Completion date
Develop and implement a standardised Discharge Huddle framework across all sites, including minimum attendance requirements, defined escalation routes and a consistent approach to recording, tracking and monitoring actions arising from huddles.	Acute Site Leads	Partially Accept - Due to variable staffing levels, minimum attendance requirements will not be possible. Review and re-share current huddle guidance across sites and partnerships through the USC Governance groups.	October 2026

Detailed Findings

Risk: Inadequate or inconsistent discharge planning may result in patients remaining in hospital longer than clinically necessary, increasing risk of deconditioning, patient dissatisfaction and pressure on bed capacity.

Finding 2 – Discharge Planning Process			Type
Recommendations	Action owner	Management response	Completion date
Undertake a review of Discharge Hub operating models across acute sites to identify opportunities to standardise governance arrangements, escalation processes, performance reporting and the adoption of good practice, while retaining local flexibility where operationally required.	USC Programme Board	Accept recommendation - Accept, noting potential implications for organisational change and associated timelines if certain options agreed.	April 2027
Develop a suite of performance measures and routine reporting for criteria-led discharge, including utilisation rates, specialty uptake, weekend discharge activity and delays associated with senior clinical review. Reporting should be reviewed at an appropriate operational and governance forum to identify variation, monitor improvement opportunities and support wider patient flow objectives.	Implementation Manager / LAS	Partially Accept - Not all recommended measures are collectable. NHSL already has an advance suite of measures used to track discharge processes. Criteria Led Discharge is challenging to capture via Trak and would not be an immediate focus of Digital development, as well as changes to Trak have been paused. NHSL will commit to bring more in depth PDD related data to performance focused meetings.	October 2026

Detailed Findings

Risk: Inaccurate or inconsistent identification and coding of delayed discharges may hinder effective performance monitoring, obscure the root causes of delays and limit the ability to target system improvements.

Finding 3 - Identification and Coding of Delayed Discharges	Type
NHS Lothian has in place a comprehensive framework for identifying patients who are clinically ready for discharge and for recording and validating delayed discharges. Sample testing demonstrated strong evidence of MDT review, PDD monitoring, Discharge Hub oversight, delayed discharge validation processes and consistent application of delay codes across sites. Delay codes generally aligned with the documented reasons for delay, with evidence of active case management and re-coding as patient circumstances changed. However, sample testing identified a number of data quality and documentation inconsistencies: • Some delay periods were recorded where the patient was not recorded as medically fit for discharge, reducing assurance that delayed discharge status had been formally established. • In some cases, inconsistencies were identified between Planned Dates of Discharge (PDDs) and delay commencement dates, making it difficult to confirm timely recognition and recording of delays. • A small number of delay periods contained blank delay code fields despite active delayed discharge episodes being recorded. • Variations in the completion of supporting data fields and delay documentation weakened the audit trail supporting delayed discharge reporting.	Effectiveness 
Implication	**Significance**
Incomplete or inconsistent recording of delayed discharge information may reduce confidence in performance reporting, weaken management information and limit the ability to accurately identify trends, root causes and opportunities for service improvement	Medium

Recommendations	Action owner	Management response	Completion date
Reinforce and communicate recording requirements for medically fit for discharge status, Planned Dates of Discharge (PDDs) and delayed discharge commencement dates, supported by clear guidance and periodic compliance monitoring to ensure consistent application across all sites.	Acute Site Leads	Accept recommendation - Discharge Coding group to discuss in Sept with a view to enacting this recommendation.	October 2026
Implement periodic quality assurance reviews of delayed discharge records to identify incomplete coding, missing data fields and documentation inconsistencies, with findings reported to relevant operational leads and corrective actions tracked to completion.	Implementation Manager / LAS	Accept recommendation - Discharge Coding group should pick this task up - noting additional capacity may be identified as a requirement to facilitate this action.	October 2026
Strengthen validation controls to ensure all delayed discharge episodes contain complete and accurate coding supported by appropriate narrative evidence.	HSCP Leads	Accept recommendation - Discharge Coding group to discuss in Sept with a view to enacting this recommendation.	October 2026

Detailed Findings

Risk: Inaccurate or inconsistent identification and coding of delayed discharges may hinder effective performance monitoring, obscure the root causes of delays and limit the ability to target system improvements.

Finding 4 - Management of barriers to discharge	Type
NHS Lothian has established effective arrangements for identifying, recording and escalating barriers to discharge through Discharge Hubs, MDT reviews, flow meetings, partnership forums and delayed discharge monitoring processes. Testing identified strong evidence of barriers being actively managed, escalated and reviewed, with discharge teams routinely updating delay codes as patient circumstances changed. A number of improvement initiatives are also in place across NHS Lothian and HSCPs to address common discharge barriers and improve patient flow, including, but not limited to: • Home First pilot at St John's Hospital, embedding dedicated social work staff within wards to identify and resolve discharge barriers earlier and support faster discharge planning. • Edinburgh HSCP Package of Care improvement programme and Adults with Incapacity (AWI) improvement work, focussing on reducing delays by accelerating referrals and care package provision, alongside earlier intervention and improved partnership working, resulting in a reduction in AWI delayed discharges. However, review of delayed discharge data identified that delay code 42E (Other Healthcare Delays) is being used to record a broad range of underlying issues, including rehabilitation pathways, therapy assessments, clinical progression matters and other healthcare-related delays. As a result, the code appears to function as a holding or transitional category rather than a single defined delay reason. This limits the level of detail available within management information and may reduce the ability to identify trends, assign ownership and target improvement activity towards specific causes of delay.	Design
Implication	**Significance**
Where multiple underlying causes are recorded under a single broad delay category, management information may not provide sufficient visibility of the specific barriers affecting patient flow. This may reduce the organisation's ability to identify recurring issues, prioritise improvement activity and monitor the effectiveness of interventions	Medium

Recommendations	Action owner	Management response	Completion date
Develop a framework for capturing and reporting the underlying causes of delays currently recorded under delay code 42E, including agreed classifications, reporting metrics and ownership arrangements, to support targeted improvement activity and monitoring of outcomes.	HSCP Leads / Acute Site Leads	Accept recommendation - Discharge Coding group to discuss in Sept with a view to enacting this recommendation.	October 2026

Detailed Findings

Risk: Inaccurate or inconsistent identification and coding of delayed discharges may hinder effective performance monitoring, obscure the root causes of delays and limit the ability to target system improvements.

Finding 4 - Management of barriers to discharge			Type
Recommendations	Action owner	Management response	Completion date
Periodically review delayed discharge coding trends to ensure delay categories continue to provide meaningful information for operational management and service improvement	HSCP Leads / Acute Site Leads / Tracey Rapson	Partially Accept - Trends are monitored, many of the codes are nationally fixed so unchangeable. Discharge coding trends are already flagged at performance meetings but the USC programme will ensure this focus remains and is strengthened	October 2026

Detailed Findings

Risk: Unclear roles, responsibilities and escalation routes may result in delayed decision-making, failure to resolve discharge barriers in a timely manner and limited accountability for delayed discharges.

Finding 5 - Governance, Roles and Accountability	Type
NHS Lothian has established a comprehensive governance structure to support discharge planning and the management of delayed discharges. The Discharge and Transfer Policy defines roles and responsibilities for ward staff, discharge hubs and HSCPs, while the Unscheduled Care (USC) governance framework provides operational, executive and strategic oversight through a number of established groups. Daily Discharge Conference Calls have also been implemented to support escalation and real-time decision-making. However, while governance arrangements are operating in practice and were well understood by staff interviewed as part of the audit, the overall governance structure for discharge planning and delayed discharge management is not formally documented in a single governance framework. In particular, the Discharge and Transfer Policy does not reference the executive oversight role of the USC Executive Oversight Board, USC Programme Board or wider USC governance arrangements, which limits visibility of accountability and escalation routes across the system.	Design
Implication	**Significance**
Without a clearly documented end-to-end governance framework, staff may have limited visibility of escalation routes, oversight arrangements and executive accountability for discharge performance, reducing assurance that discharge risks and barriers are consistently escalated and managed across the system	Low

Recommendations	Action owner	Management response	Completion date
Develop and maintain a documented governance framework for discharge planning and delayed discharge management that clearly sets out operational, executive and strategic oversight arrangements, including roles, responsibilities, decision-making authority and escalation routes across NHS Lothian and HSCP partners.	HSCP Leads / Acute Site Leads / Tracey Rapson	Partially Accept - The discharge framework already exists that sets this out. This will be reviewed at the USC operational group with a view to reviewing the escalation routes	November 2026
Update the Discharge and Transfer Policy to reference the wider USC governance structure, including escalation routes, executive oversight responsibilities and programme governance arrangements	HSCP Leads / Acute Site Leads	Accept recommendation - This will be reviewed at the USC operational group with a view to reviewing the escalation routes.	November 2026
Ensure governance documentation is communicated across NHS Lothian and HSCPs to promote a consistent understanding of roles, responsibilities and accountability for delayed discharges	HSCP Leads / Acute Site Leads	Accept recommendation - This will be reviewed at the USC operational group as well as the Discharge Coding Group.	November 2026

Detailed Findings

Risk: Failure to adequately involve patients and carers in discharge planning may lead to dissatisfaction, delays caused by misaligned expectations and increased risk of readmission.

Finding 6 - Person Centred Discharge	Type
NHS Lothian has embedded person-centred principles within its discharge planning arrangements, requiring patients, families and carers to be involved throughout the discharge process. The Board has also developed the *Moving On* information booklet to provide guidance on discharge planning, available support and routes for providing feedback or raising concerns. Formal patient feedback and complaints processes are in place and are managed through the Patient Experience Team and Datix reporting arrangements. However, review of the *Moving On* booklet identified that some patient-facing information is out of date. Specifically: • The NHS Lothian postal address included within the complaints section is no longer current. • The link provided to NHS Lothian feedback webpages was found not to be functioning. Whilst established complaints and feedback arrangements remain in place, outdated information within patient literature may make it more difficult for patients, families and carers to access the most appropriate channels for raising concerns or providing feedback.	Design
Implication	**Significance**
Patients, carers and family members may be unable to access current feedback and complaints channels easily, potentially reducing opportunities for the Board to capture patient experience and identify improvements to discharge processes.	Low

Recommendations	Action owner	Management response	Completion date
Review and update the *Moving On* booklet to ensure all contact details, addresses, website links and supporting information are current and accurate. Implement periodic reviews of patient-facing discharge information to ensure discharge guidance, feedback routes and supporting resources remain up to date and accessible	HSCP Leads / Acute Site Leads	Partially Accept - Trends are monitored, many of the codes are nationally fixed so unchangeable. This does require management and clinical capacity to enact as has been challenging to finalise. Will commit to having this in place by Dec 26	December 2026

Detailed Findings

Risk: Weak performance monitoring or limited use of data may reduce NHS Lothian's ability to understand trends, address systemic issues and demonstrate improvement in delayed discharge performance.

Finding 7 - Performance Management & Improvement	Type
NHS Lothian has established a comprehensive performance management framework for delayed discharges, supported by live Tableau dashboards, a suite of discharge-focused KPIs, routine operational reporting and governance oversight through the Unscheduled Care Programme Board. Delayed discharge data is actively used to monitor performance, identify trends and support improvement activity across acute sites and Health and Social Care Partnerships. In addition, a Discharge Delay Coding Stakeholders Group was established in October 2025 to improve coding consistency, promote best practice and strengthen data quality across Lothian. However, review of the Stakeholder Group's action tracker identified that attendance records are not being routinely maintained. While actions and decisions are being recorded and monitored appropriately, the attendance log has only been completed for the inaugural meeting in October 2025 despite the group continuing to meet on a quarterly basis.	Effectiveness
Implication	**Significance**
Without complete attendance records, there is reduced assurance that appropriate representation from acute sites and HSCPs is being maintained and that agreed actions, decisions and improvements are being supported by all relevant stakeholders.	Low

Recommendations	Action owner	Management response	Completion date
Ensure attendance at all Discharge Delay Coding Stakeholders Group meetings is formally recorded and retained as part of the group's governance records. Periodically review membership and attendance to ensure appropriate representation from acute sites and HSCP partners is maintained.	USC Programme Director	Accept recommendation	9th October 2026

Observations

Observations

1. Multi-Agency Working & Interfaces

NHS Lothian has established mature multi-agency arrangements to support discharge planning, including Discharge Hubs, Single Points of Contact (SPOCs), MDT reviews, discharge conference calls and strong partnership working between acute services, HSCPs and community teams. Audit testing demonstrated that these arrangements are operating effectively in practice and are supporting the coordination and escalation of discharge issues.

However, despite the effectiveness of the governance and partnership arrangements, discharge performance remains affected by constraints within external health and social care services. Review of discharge planning processes, delayed discharge data and discussions with staff identified recurring delays associated with:

- Availability of social care packages.
- Social care assessment capacity.
- Care home placement availability.
- Community rehabilitation capacity.
- Community equipment provision.

While these issues are routinely discussed and escalated through established multi-agency forums, they continue to present a significant barrier to achieving timely discharge for some patients.

Appendices

Appendix I: Background

It was agreed as part of the 2026-27 Internal Audit Plan that Internal Audit would conduct a review of Delayed Discharges at NHS Lothian.

NHS Lothian operates a whole-system approach to discharge planning, underpinned by the Discharge and Transfer Policy and supporting procedures, which incorporate Home First and Scottish Government Discharge without Delay (DwD) principles. Discharge planning is intended to begin at, or as early as possible following, admission, with responsibility shared across acute hospital teams, discharge hubs, multidisciplinary teams and Health and Social Care Partnerships (HSCPs). A Planned Date of Discharge (PDD) is established as part of the discharge planning process and is used throughout a patient's stay to support discharge planning, patient flow management and multidisciplinary review activities.

Discharge processes operate across acute hospitals, community hospitals and intermediate care settings, involving NHS Lothian, the four Lothian HSCPs, social work services, community health teams and external care providers. Discharge planning and delayed discharge management are supported through discharge hubs, flow hubs, multidisciplinary team meetings, ward reviews, discharge huddles and discharge conference calls. Community-based pathways, including reablement services, discharge-to-assess arrangements, community rehabilitation services and care-at-home provision, also form part of the discharge pathway.

Patients whose Planned Date of Discharge has been exceeded and who are clinically ready to leave hospital are recorded as delayed discharges. Delays are categorised and coded to reflect the primary reason for delay, including both health-related and community or social-care-related factors. Performance information relating to delayed discharges, Planned Dates of Discharge, bed occupancy and patient flow is captured through a range of operational reports and dashboards and reported through local, partnership and NHS Lothian governance arrangements.

Multi-agency working is a key feature of current arrangements. NHS Lothian works closely with HSCPs, social work services, community health teams and external care providers to coordinate assessments, care packages and onward placements. Delayed discharge management forms part of NHS Lothian's wider Unscheduled Care (USC) programme, which includes operational, executive and programme-level governance arrangements involving NHS Lothian and HSCP representatives.

A previous internal audit of delayed discharges in 2022 provided Moderate Assurance and identified weaknesses relating to the currency of policies, consistency of discharge processes, clarity around criteria for end of medical stay and the use of performance information. Since that review, policy and procedural documentation has continued to develop alongside wider discharge planning and patient flow arrangements. This audit considered the governance, discharge planning, delayed discharge management, partnership working and performance monitoring arrangements currently operating across NHS Lothian and its HSCP partners.

Appendix II: Definitions

Level of assurance	Design of internal control framework		Operational effectiveness of controls	
	Findings from review	Design opinion	Findings from review	Effectiveness opinion
Substantial	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
Moderate	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
Limited	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
No	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

Recommendation significance	
High	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
Medium	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
Low	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.

Appendix III: Terms of reference

Extract from terms of reference

Purpose

The Delayed Discharges Internal Audit was to provide assurance to management and the Audit and Risk Committee that the controls in place to manage the discharge process are well designed and operating effectively. This review will consider processes around:

- Policies and Procedures
- Governance, Roles and Accountability
- Discharge Planning Process
- Identification and Coding of Discharges
- Management of Barriers to Discharge
- Multi-agency Working and Interfaces
- Person-centred Discharge
- Performance Management and Improvement

Key risks

- Failure to maintain clear, up-to-date and accessible discharge policies and procedures may result in inconsistent application of discharge processes across sites and partnerships, leading to avoidable delays, non-compliance with Scottish Government guidance and inefficient use of hospital capacity.
- Unclear roles, responsibilities and escalation routes may result in delayed decision-making, failure to resolve discharge barriers in a timely manner and limited accountability for delayed discharges.
- Inadequate or inconsistent discharge planning may result in patients remaining in hospital longer than clinically necessary, increasing risk of deconditioning, patient dissatisfaction and pressure on bed capacity.
- Inaccurate or inconsistent identification and coding of delayed discharges may hinder effective performance monitoring, obscure the root causes of delays and limit the ability to target system improvements.
- Failure to identify, escalate and manage common barriers to discharge (e.g. community capacity, care packages, patient readiness or administrative delays) may prolong hospital stays and adversely impact patient flow.
- Ineffective coordination between NHS Lothian, HSCPs, social work and community providers may lead to fragmented care, duplication of effort and delayed decision-making.
- Failure to adequately involve patients and carers in discharge planning may lead to dissatisfaction, delays caused by misaligned expectations and increased risk of readmission.
- Weak performance monitoring or limited use of data may reduce NHS Lothian's ability to understand trends, address systemic issues and demonstrate improvement in delayed discharge performance.

Appendix III: Terms of reference

Extract from terms of reference
Exclusions
The scope of the review was limited to the areas documented under the scope and approach. All other areas are considered outside of the scope of this review. Our review will not provide assurance over all aspects of facilities service payments. This review did not cover Information Security which was the subject of previous internal audit coverage. We also note that NHS Lothian have been subject to an NIS (Network and Information Systems) audit. Where sample testing is undertaken, our findings and conclusions will be limited to the sample tested only. Please note that there is a risk that our findings and conclusions based on the sample may differ from the findings and conclusions we would reach if we tested the entire population from which the sample is taken.

Appendix IV: Staff interviewed

BDO LLP appreciates the time provided by all the individuals involved in this review and would like to thank them for their assistance and cooperation.		
Chris Connolly	General Manager, Medicine Services - RIE	Interviewee
Jennifer Waters	Interim General Manager, Emergency, Acute & General Medicine - RIE	Interviewee
Fiona Boatman	Senior Charge Nurse, RIE Discharge Hub	Interviewee
Yvonne Lawton	Head of Service, West Lothian Health & Social Care	Interviewee
Andrew Hall	Service Director, Strategic Planning – Edinburgh Health and Social Care	Interviewee
Sarah Hayden	Project Manager, Strategic Planning – Edinburgh Health & Social Care	Interviewee
Matt Kennedy	Edinburgh Health & Social Care Partnership	Interviewee
Anna Duff	Head of Service for Mental Health, Substance Use & Learning Disability - Edinburgh Health and Social Care Partnership	Interviewee
Mike Massaro-Mallinson	Edinburgh Health & Social Care Partnership Service Director	Interviewee
Oliver Campbell	Programme Director – Unscheduled Care	Interviewee
David Walker	General Manager, General Medicine - WGH	Interviewee
Shirley Douglas-Keogh	Service Manager, Site Services - SJH	Interviewee
Susan M Scott	Discharge Nurse, Discharge Lounge - SJH	Interviewee
Kyrstine Hendry	Clinical Nurse Manager, Acute Medicine - SJH	Interviewee
Paul CreightonCar	Clinical Nurse Manager – MEDAS - SJH	Interviewee
Gillian Neil	General Manager, Acute and Ongoing Care – East Lothian Community Hospital	Interviewee
Paula Biggar	Hub Manager - SJH	Interviewee
John Hodge	Senior Charge Nurse, Discharge Hub, WGH	Interviewee

Appendix V: Responsibilities, limitations and conformance with the Global Internal Audit Standards

Management responsibilities

The Board is responsible for determining the scope of internal audit work, and for deciding the action to be taken on the outcome of our findings from our work.

The Board is responsible for ensuring the internal audit function has:

- The support of the Company's management team.
- Direct access and freedom to report to senior management, including the Chair of the Audit Committee.
- The Board is responsible for the establishment and proper operation of a system of internal control, including proper accounting records and other management information suitable for running the Company.

Internal controls covers the whole system of controls, financial and otherwise, established by the Board in order to carry on the business of the Company in an orderly and efficient manner, ensure adherence to management policies, safeguard the assets and secure as far as possible the completeness and accuracy of the records. The individual components of an internal control system are known as 'controls' or 'internal controls'.

The Board is responsible for risk management in the organisation, and for deciding the action to be taken on the outcome of any findings from our work. The identification of risks and the strategies put in place to deal with identified risks remain the sole responsibility of the Board.

Limitations

The scope of the review is limited to the areas documented under Appendix II - Terms of reference. All other areas are considered outside of the scope of this review.

Our work is inherently limited by the honest representation of those interviewed as part of colleagues interviewed as part of the review. Our work and conclusion is subject to sampling risk, which means that our work may not be representative of the full population.

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that: the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or the degree of compliance with policies and procedures may deteriorate.

Conformance with the Global Internal Audit Standards This engagement has been conducted in accordance with the Institute of Internal Auditors' Global Internal Audit Standards.

FOR MORE INFORMATION:

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The matters raised in this report are only those which came to our attention during our audit and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. The report has been prepared solely for the management of the organisation and should not be quoted in whole or in part without our prior written consent. BDO LLP neither owes nor accepts any duty to any third party whether in contract or in tort and shall not be liable, in respect of any loss, damage or expense which is caused by their reliance on this report.

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